



HAWAII STATE ETHICS COMMISSION  
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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	T.	523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop Street, Suite 1628			523-3712
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Public Policy Advocates, LLC			523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop Street, Suite 1628			523-3712
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Society for Human Resource Management Hawaii Chapter			523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop Street, 1628			523-3712
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Leona Christensen, President			541-5595
MAILING ADDRESS (Street)			FAX
c/o 841 Bishop Street, 1628			523-3712
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture                               | <input checked="" type="checkbox"/> Education           | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |  |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Michelle Tharion

(Signature of Lobbyist)

1-20-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Leona Christensen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Society of Human Resource Management Hawaii Chapter		TELEPHONE 541-5595	
MAILING ADDRESS (Street) c/o 841 Bishop Street, 1628		FAX 523-3712	
(City) Honolulu	(State) HI	(Zip Code) 96813	
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.			
<u>Leona Christensen</u>		<u>1/16/07</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	